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# THE ATTITUDE OF POLES TOWARDS PRIMARY DISEASE PREVENTION AND HEALTH PROMOTION

Primary prevention and health promotion actions bring varied effects which do not always correspond to expectations of those who implement them. The source of that discrepancy might be seek in the diversification of people's attitudes towards institutional actions aiming at the change of their behaviour. People's attitudes towards primary prevention and health promotion institutional actions and their determinants have not been of much interest to researchers so far. This is why the current knowledge of them is exceptionally poor. The purpose of this article is to present the design of the research project "Lay meanings of health and life orientations of Poles and the attitudes towards prevention and health promotion" conducted by Institute of Cardiology in Warsaw. The project's aim is to identify attitudes towards institutional educational actions being undertaken within primary prevention and health promotion area, and most of all to recognize their determinants and to assess the frequency of their occurrence.
Key words: attitude, primary prevention, health promotion, lay meaning of health, life orientation

## Introduction

For over a dozen years in Poland there has been a growing number of initiatives addressed to healthy people, taken by various institutions, aiming at both disease prevention and strengthening the health potential of individuals and communities. Such practices have become more frequent along with the growing popularity of health promotion. One of the main premises health promotion

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is based on, is that the health of citizens depends not only on the health sector activities, as many think, but mainly on their own practicies in their everyday lives – both private and professional. Although health promotion arose somehow in opposition to traditional disease prevention,1 in practice, specific actions taken as primary prevention and health promotion are frequently similar. It basicly concerns health education which, besides environmental actions, is the main tool in health promotion and a popular method of primary prevention in influencing individual everyday practicies identified with behavioural risk factors of diseases. It is likely that an average person cannot tell the difference between primary prevention and health promotion or that it means little for that person's attitude towards such practices. Therefore, this present project of research treats both primary prevention and health promotion jointly as one phenomenon. The research on the attitute towards primary prevention and health promotion has been deliberately limited to the attitudes directed towards health education.

The ultimate aim of educational activities being undertaken within primary prevention and health promotion is to improve the health of population. Although it is difficult to measure the health results of such actions which usually occur after long time, it is possible to observe the more measureable effects reflected in the change of behaviour. The change may include: the growth of physical activity, the change in nutrition methods and the fall in nicotine consumption among a community under intervention. Research results show that the changes obtained are not as great as was expected by the authors and implementers of health promotion programmes (Fincham 1992). Hence, the majority of research carried out in epidemiology or psychology of health focuses on finding more effective methods to change behavioural habits. The reasearch on the association between health awareness and health behaviour occupies an important position within these undertakings. A popular conviction is that the exclusion of common consciousness from the programmes of disease prevention and health promotion should be considered a grave mistake, unfortunately still being made in the creation and implementation of health programmes (Sęk 1997). People's attitudes towards institutional actions aimed at changing their health behaviour have not been of much interest to researchers so far. This is

[1] Health promotion as opposed to the disease prevention, which concentrates on health protection, focuses mainly on strengthening and building up potentaial of health; it covers the whole population in the context of everyday life, not only high risk groups; it characterises with a modern approach to education, which is treated as a tool to change not only individual behaviour but also some environmental conditions; it involves not only the health sector, but other sectors potentially contributing to health as well and the whole public to act for health promotion (see: Słońska and Misiuna 1994).

why the current knowledge of such attitudes and their determinants is exceptionally poor. There are few research results indirectly related to this problem. The available evidence suggests that educational activities aimed at changing unhealthy habits to those beneficial for health do not always invoke people's positive reactions (Puchalski et al. 1999). Getting to know the attitudes of Poles towards these types of action may contribute to a better understanding why the primary prevention and health promotion brings varied effects which do not always correspond to expectations.

## Theoretical assumptions and research aims

The interest in the problem of attitudes has its source in the view that there is a connection between people's attitudes and behaviour. Although that connection is not of direct nature, as behaviour is conditioned also by situational factors, the research on attitudes may contribute to finding a better explanation and anticipating people's behaviour (Marody 2000). According to Stefan Nowak's definition, "an attitude of a given person towards a given object is the sum total of: the relatively stable dispositions to evaluate that object and react to it emotionally; the relatively stable convictions on the nature and features of that object which could possibly accompany the emotional and evaluating dispositions; and the relatively stable dispositions to act towards that object" (Nowak 1973: 23).

Nowak (1973) claims that an attitude consists of three analytically identified components: the emotional and evaluating; the cognitive; and the behavioural one. The emotional and evaluating component considered as necessary to form an attitude means a positive or negative opinion or emotional attitude to a given object, person, event, or phenomenon. Although that component is constitutive and sufficient for the attitude to exist, considering the remaining two elements, it is justifiable; as if they occur in an attitude, they create an inseparable entity which fully characterises a given attitude.

Attitudes are acquired and modified in the process of learning. Individual experience which plays an important role in it is detemined to large extent by an individual's position in society. Hence attitudes are to some extent a reflection of the social status (Marody 2000). Because of the above-mentioned relationship and the fact that attitudes are especially influenced by values (Aronson 1995), they are characterised by relative stability and the low level of susceptibility to outer influence.

It can be assumed that some types of attitudes towards the primary prevention and health promotion are favourable, whereas others are a hindrance to people's positive reactions to information and suggestions addressed to them, thus increasing or decreasing the chance for behavioural change supportive to health. Although the association between attitudes and actions is not strong enough to assume that having a positive attitude towards primary prevention and health promotion an addressee will use the offer addressed to him/her (e.g. read a leaflet or view a TV broadcast), it seems a justifiable assumption that a negative attitude will form a significant barrier, making difficult to reach him/her with the information.

The aim of the discussed project of research entitled: "Lay meanings of health and life orientations of Poles and attitudes towards prevention and health promotion" is to identify attitudes towards institutional educational actions taken in primary prevention and health promotion. Also, to define their expansion, and most of all – to recognise their socio-cultural determinants. The project was accepted as part of a statutory work plan of the Cardinal Stefan Wyszyński Institute of Cardiology (Instytut Kardiologii) for 2007 – 2009 and will be implemented by a team of sociologists from the Department of Epidemiology, Cardiovascular Diseases Prevention and Health Promotion (Zakład Epidemiologii, Prewencji Chorób Układu Krążenia i Promocji Zdrowia).

The following hypotheses will be checked.

1. Poles' attitudes towards institutional actions being undertaken within primary prevention and health promotion are different, and not only explicitly positive.
2. Determinants of attitudes towards primary prevention and health promotion include: the common ways to understand health, its determinants and various life orientations. That results in more frequent occurance of positive attitudes amongst people with individualistic orientation and trust in others, and more frequent occurance of negative attitudes in people with demanding orientation.
3. Positive attitudes towards primary prevention and health promotion prevail among people of high socio-economic status; negative ones – among those of a lower status.

## State of the art in the field of research

Some results coming from research on health consciousness and health behaviour indirectly referring to the attitudes towards primary prevention and health promotion suggest that the above-mentioned hypotheses are justifiable. For instance, the results of a research conducted in the first half of the 1990s by the Nofer Institute of Occupational Medicine in Łódź show that the prophylactic and health-promoting practices are perceived by some as limitations to their freedom to decide for themselves; as attempts of manipulating or at least taking one's attention away from the real problems of public health service. While some interviewees question the legal validity of such activities, others doubt their scientific background, pointing to the incoherence of the information given by health educators (Puchalski et al. 1999).

The results of recent research suggest that people's convictions about health issues, their understanding of health and health determinants, as well as their own life orientations probably lie among the determinants of certain attitudes towards primary prevention and health promotion. The interest in common ways of understanding health was reflected in many studies. One of the most often quoted is the research of Claudine Herzlich (1973) the results of which let us specify three basic ways to understand health: „health-in-a-vacuum", „reserve of health", and „equilibrium". The first one characterises the view that health equals the lack of illness. In the second one, health is identified with organic and biological reserves, and treated as the ever changing strength and immunity capital which decides upon the ability to oppose threats. The last one is health understood as an individual norm which does not refer only to the body but all aspects of a person's life. Aside from the physical well-being it comprises of good mood, activity and being on good terms with one's immediate surroundings. Later research results have lead us to specify another way of understanding health: "functional health" which is described as the ability to solve life tasks (Faltermeier 1994, quoting Sęk 2001) or the ability to realise life tasks and perform social roles (Raport 2006).

Each of these implicates a different attitude towards one's own health, which in turn may differentiate one's attitude towards primary prevention and health promotion. For instance, people representing the first type of thinking are probably more inclined to treat health as a natural state of affairs not requiring any special efforts. Health becomes an issue only when symptoms occur, which is not favourable for positive attitudes towards primary prevention and health promotion. However, thinking about health in terms of reserves contributes to

continuous observation of an organism and action in favour of it, thus creating the conditions for developing positive attitudes towards health promotion. Health understood as equilibrium is identified with the ability to maintain life balance and the feeling of ability to do as you prefer (Słońska 2002). Such thinking is strongly individual, therefore various people may comprehend health in different ways than primary prevention and health promotion assumes. That can lead to unfavourable attitudes from the point of view of prophylactic and health-promoting practices.

The common view on health and attitudes towards primary prevention and health promotion is connected with people's conviction about their ability to influence their own health. Foreign research results suggest that people who think that they can influence their health more often lead a healthy lifestyle and take such prophylacic actions as quitting cigarettes, reducing body mass or searching for information on health issues (Abella and Heslin 1984; McAllister and Farquhar 1992). People who are convinced that they have no control over their health however, are less likely to follow the course of conduct officially recommended as favourable for good health (Lajunen 2004). The above-mentioned results encourage us to examine the association between the convictions related to influencing one's own health and the attitude towards primary prevention and health promotion in Polish society.

Because the attitudes towards specific objects can be treated as components of the attitudes understood as generalised tendencies to react to reality, it seems reasonable to find out the determinants of the attitudes towards primary prevention and health promotion in the overall attitude of an individual towards the social world (Marody 2000). Therefore, according to the hypothesis, another factor influencing people's attitudes is general life orientation. That category is the equivalent of an individual orientation used by Koralewicz and Ziółkowski (2003) and defined by them as a generalised tendency to perceive, evaluate, feel and react to social reality. Orientations shaped by society and culture build up a certain mentality, whose different types in Polish society were identified empirically by the above-mentioned authors. It seems that the attitudes towards primary prevention and health promotion can be influenced by the following orientations: individualism: understood as self-reliance; demanding orientation: seen as a generalised expectation of underserved gratification and trust in people that is a conviction that the majority of people can be trusted (Domański 2002, Ziółkowski 2000). There are empirical proofs that such an understanding of the orientation is associated with people's attitude towards various phenomena connected with health. For example, the results of research quoted by Cockerham et

al. (1986) suggest that there is a relationship between individualistic orientation and self-assesment of one's health, convictions about health and also attitudes towards illness, prophylaxis and medical authorities.

It would be interesting to check whether and how individualism and other life orientations could influence people's attitudes towards primary prevention and health promotion. It seems that people of an individualistic orientation are more likely to take responsibility for their health and, accordingly, be more favourably disposed towards practices aimed at healthy behaviour. Simultaneously, they can have a negative attitude towards any attempt to influence their own choices and decisions. However, people of a demanding orientation do not see these practices as excessive intervention in their lives but perceive them as willingness to shift responsibility for health from the statutory health-protecting institutions to individuals. Yet, a low level of trust in people may contribute to negative attitudes towards actions which, although being presented as beneficial for the addressees' health, can arouse suspicion that they have hidden, „dishonest" intentions.

Both the understanding of health and life orientation are shaped mostly by one's environment of socialisation and, as suggested by Koralewicz, Ziółkowski (2003), orientations are associated with the level of education and professional status. Therefore we would expect that attitudes towards primary prevention and health promotion will vary according to one's place in the social structure. Identifying various types of attitudes in social structure is important for the effectiveness of educational actions taken within the programme of primary prevention and health promotion.

## Method

The project involves empirical research to be conducted in two stages. The first one includes qualitative explorative research; its results will be used in the designing of a questionnaire to be used in an interview in the second stage, i.e. in quantitative research.

Research of attitudes usually examines opinions which are treated as a verbal expression of an attitude. Using the method of an in-depth interview seems to be one of the best ways to discover people's genuine opinion on the activities described here as primary prevention and health promotion. About 30[2] interviews were scheduled with people of different age, socio-economic status and

[2] That is the minimal number of interviews that will let us obtain a sample of enough variability in terms of features significant for the aims of this research.

place of residence who are not professionally involved in health system. The oryginal interview scenario covers the following problem groups: the system of values and the place of health in that system; lay meaning of health; attitude to one's own health; opinions on primary prevention and health promotion; reactions of significant others and one's own feelings towards health behaviour.

One of the important aims at this stage of research is to verify the assumption that there are certain attitudes towards primary prevention and health promotion defined as above and to make sure that people are not attributed with object reference that is too general, or that they really perceive different actions as belonging to the same category. It may turn out that the interviewees do not treat various forms of educational actions as one phenomenon. Additionally, they might have different opinions on their specific forms, e.g. they view health education through leaflets and brochures negatively but positively when it comes from the radio or TV.

The data obtained in the qualitative research will be employed in the construction of a questionnaire to be used in the quantitative reasearch conducted on general public representative sample of 1000 adult Poles in the second year of the project. They will be employed, among others, to make a factor scale for studying the attitudes towards primary prevention and health promotion which will be included into the above-mentioned questionnaire. In order to construct the scale, there will be a set of statements made referring to certain convictions, appraisals, emotions and dispositions to behaviour in relation to institutional actions of primary prevention and health promotion. Next, they will be presented (with the use of an auditorial survey) to about 200 – 300 respondents,[3] so that they can specify how much they agree or disagree with them.

The use of factor analysis will let us see if attitude rates (opinions) make up independent groups, which would suggest the existence of various types of attitudes, not only positive or negative. It will also allow for the selection of such statements that would be sufficiently correlated with the identified type of an attitude.

The questionnaire will include, besides the above-mentioned scale for the attitude examination, questions relating to the understanding of health, convictions about its conditioning, experiences connected with health and illness of the interviewees and their close friends and relatives, self-assessment of health, life orientations, and demographic and socio-economic features.

[3] The number of respondents will depend on the amount of statements, as the relation of the number of variables to the number of observations should be at least 1:3.

## Expected results

It is expected that the discussed research project will enable us to discover the attitudes of Poles towards primary prevention and health-promoting practices. Conducting the research on a sample group, representing all citizens of Poland, will let us evaluate the extent of widespread specific types of attitude, identify their determinants and the place of common ways of understanding health and life orientantion amongst the above-mentioned determinants. The research will also enable us to identify segments of society where the most negative and positive attitudes towards primary prevention and health promotion occur. That can prove meaningful for the people and institutions involved in encouraging individuals to change their behaviour into supportive to their health

Another practical result of the project will be the formulation of recommendations related to the proper way of conducting prophylactic and health-promoting actions, i.e. such shaping of health-promoting behaviour that would concentrate on efficiency but not omit equally important problems of a cultural or ethical nature. Such a way to run educational activities is described by theoreticians of health promotion and education as autocreative (Davies quoting: Puchalski 1997). It postulates treating the addressees of educational practices as equally rightful partners and making it possible for them to take independent decisions regarding a healthy lifestyle instead of forsing them to make changes recommended by specialists. The shaping of health behaviour should not, according to that approach, be limited to techniques of social influence but depend on developing people's competence to decide about their own health. Such an approach to primary prevention and health promotion should consider the awareness and attitude of people to whom the intervenion is addressed (Puchalski et al. 1999).

## References

Abella, Rodolfo and Rochard Heslin. 1984. "Health, Locus of Control, Values, and the Behavior of Family and Friends: An Integrated Approach to Understanding Preventive Health Behavior." *Basic and Applied Social Psychology* 5, 4: 283–293.

Aronson, Elliot. 1995. *Człowiek – istota społeczna*. Warszawa: Wydawnictwo Naukowe PWN.

Cockerham, William C., Guenther Lueschen, Gerhard Kunz and Joe L. Spaeth. 1986. "Social Stratification and Self-Management of Health." *Journal of Health and Social Behavior* 27, 1: 1 – 14.

Domański, Henryk. 2002. *Polska klasa średnia.* Wrocław: Wydawnictwo Uniwersytetu Wrocławskiego.

Fincham, S. 1992. "Community Health Promotion Programs." *Social Science & Medicine* 35, 3: 239–249.

Herzlich, Claudine. 1973. *Health and Illness. A Social Psychological Analysis.* London and New York: Academic Press.

Koralewicz, Jadwiga and Marek Ziółkowski. 2003. *Mentalność Polaków.* Warszawa: Wydawnictwo Naukowe Scholar / Collegium Civitas Press.

Lajunen, Timo and Mikko Rasanen. 2004. "Can Social Psychological Models Be Used to Promote Bicycle Helmet Use Among Teenagers? A Comparison of the Health Belief Model, Theory of Planned Behavior and the Locus of Control." *Journal of Safety Research* 35: 1150–123.

Marody, Mirosława. 2000. *Postawa.* In: *Encyklopedia socjologii*. Vol. 3. Warszawa: Oficyna Naukowa.

McAllister, Gilian and Morag Farquhar. 1992. "Health Beliefs: A Cultural Division?" *Journal of Advanced Nursing* 17: 1447–1454.

Nowak, Stefan. 1973. *Pojęcie postawy w teoriach i stosowanych badaniach społecznych*. In: Stefan Nowak (red.). *Teorie postaw*. Warszawa: Państwowe Wydawnictwo Naukowe.

Puchalski, Krzysztof. 1997. *Zdrowie w świadomości społecznej.* Łódź: Instytut Medycyny Pracy.

Puchalski, Krzysztof, Elżbieta Korzeniowska and Longina Piwowarska-Pościk. 1999. *Aktywność zdrowotna a świadomość potoczna.* Łódź: Instytut Medycyny Pracy.

Sęk, Helena. 1997. *Psychologia wobec promocji zdrowia*. In: Irena Heszen-Niejodek and Helena Sęk (red.), *Psychologia zdrowia*. Warszawa: Wydawnictwo Naukowe PWN, p. 40–61.

Słońska, Zofia. 2002. *Zdrowie.* In: *Encyklopedia socjologii.* vol. 4. Warszawa: Oficyna Naukowa, p. 354–358.

Słońska, Zofia and Małgorzata Misiuna 1994. *Promocja zdrowia. Słownik podstawowych terminów*. Warszawa: Agencja Promo-Lider.

Raport: *Wiedza, postawy i zachowania zdrowotne dzieci i młodzieży w roku 2006.* 2006. Warszawa: Instytut Kardiologii.

Ziółkowski, Marek. 2000. *Przemiany interesów i wartości społeczeństwa polskiego: teorie, tendencje, interpretacje*. Poznań: Wydawnictwo Fundacji Humaniora.